2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2015
Secretary of State
CC2162669450

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Entity Name: THERACARE HOME HEALTH INC.

Current Principal Place of Business:

4201 NORTH OCEAN DRIVE
#403
HOLLYWOOD, FL 33019

Current Mailing Address:

4201 NORTH OCEAN DRIVE
403
HOLLYWOOD, FL 33019 US

FEI Number: 65-0789578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANLEY, PATRICIA
4201 NORTH OCEAN DRIVE
#403
HOLLYWOOD, FL 33019 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	HANLEY, PATRICIA
Address	4201 NORTH OCEAN DRIVE #403
City-State-Zip:	HOLLYWOOD FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA HANLEY P 04/07/2015

Electronic Signature of Signing Officer/Director Detail — Date